

FIG. 1

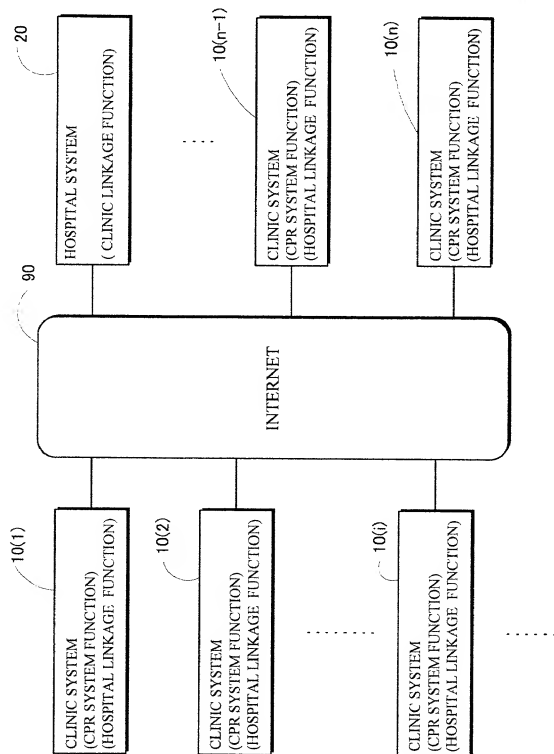


FIG. 2

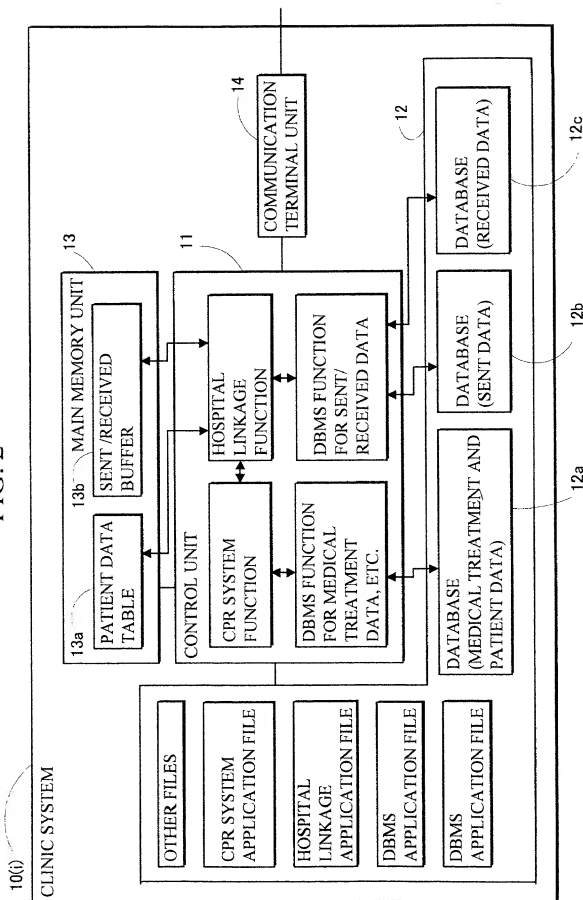


FIG. 3

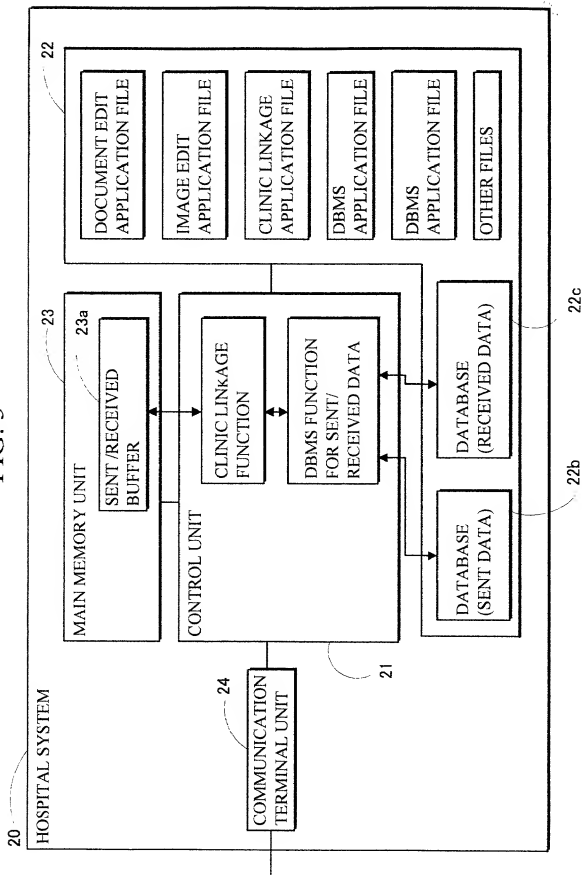


FIG. 4

DATABASE (SENT DATA)				KEY ← ----- →	12b
E-MAIL ID	SUBJECT	SENT-TO ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS
1	About Symptoms Of Diabetes	100	i	.....	.....
2	Confirmation Of Test Results	100	i	.....	.....
3	Confirmation Of Electrocardiogram	100	i	.....	.....
4	About This Patient	100	i	.....	.....

DATABASE (RECEIVED DATA)					KEY ← - - - - - →		12c	
E-MAIL ID	SUBJECT	RECEIVER ID	REPIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA			
1	About Symptoms Of Diabetes	i	100	.....	.....	
2	Confirmation Of Test Results	i	100	.....	.....	
4	About This Patient	i	100	.....	.....	
5	Confirmation Of Electrocardiogram	i	100	.....	.....	

FIG. 5

DATABASE (SENT DATA)				KEY ← - - - -		22b
E-MAIL ID	SUBJECT	REPLIED-TO ID	REPLIED-FROM ID	REPLY CONTENTS	ATTACHMENT DATA	
1	About Symptoms Of Liver Disease	i-2	100	.....	.....
1	About Degree Of Kidney Disease	i-1	100	.....	.....
1	About Symptoms Of Diabetes	i	100	.....	.....
1	About Symptoms Of Liver Test Results	i+1	100	.....	.....

DATABASE (RECEIVED DATA)			KEY ← - - - -		22c	
E-MAIL ID	SUBJECT	RECEIVER ID	SENT-FROM ID	INQUIRY CONTENTS	CHIEF COMPLAINT AND PRESENT ILLNESS	
1	About Symptoms Of Liver Disease	100	i-2	.....	.....
1	About Degree Of Kidney Disease	100	i-1	.....	.....
1	About Symptoms Of Diabetes	100	i	.....	.....
1	About Symptoms Of Liver Test Results	100	i+1	.....	.....

FIG. 6

PATIENT DATA TABLE (PATIENT ID = j)

13a

DATA NAME	PERMIT/PROHIBIT (DO/NOT DO) <SENDING AND EDITING>	DATA CONTENTS
NAME	Permit	KAWANO Ikuko
NAME IN SYLLABLE	Permit	Ka-wa-no I-ku-ko
SEX	Permit	Female
DATE OF BIRTH	Permit	05/05/80
AGE	Permit	20
OCCUPATION	Permit	student

12a

DATABASE (MEDICAL TREATMENT AND PATIENT DATA)

PATIENT ID	NAME	NAME IN SYLLABLE	SEX	DATE OF BIRTH	AGE	OCCUPATION	PHONE	ADDRESS
j-1	TANAKA Yosiko	Ta-na-ka Yo-si-ko	Female	06/12/70	30	Housewife	.....	.....
j	KAWANO Ikuko	Ka-wa-no I-ku-ko	Female	05/05/80	20	Student	.....	.....
j+1	SUZUKI Taro	Su-zu-ki Ta-ro	Male	10/10/75	24	Company employee	.....	.....

FIG. 7

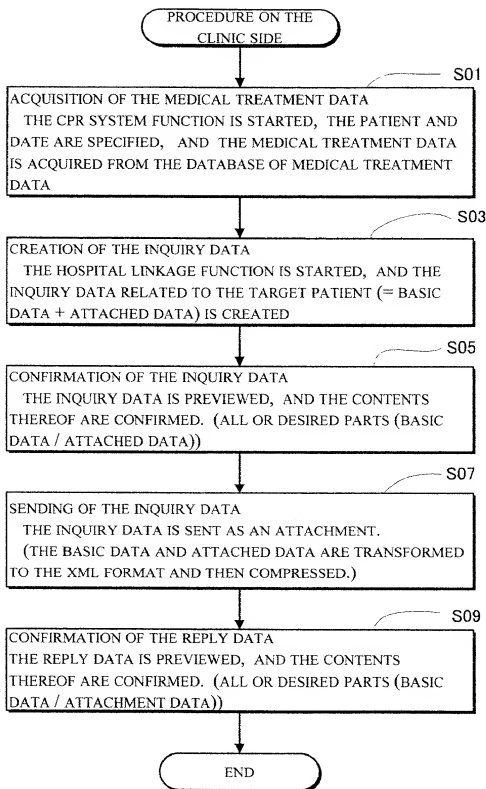


FIG. 8

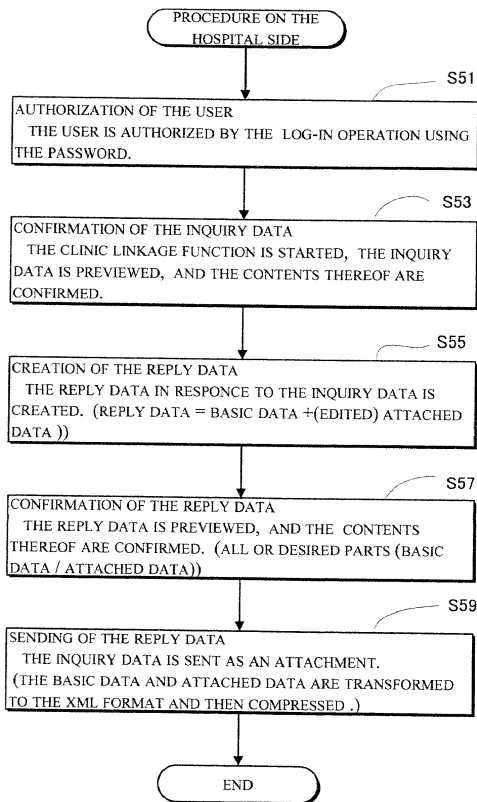


FIG. 9(a)

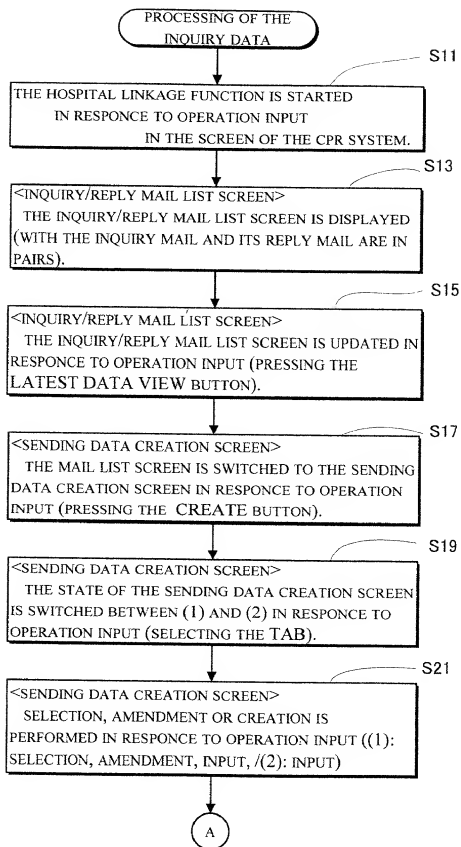


FIG. 9(b)

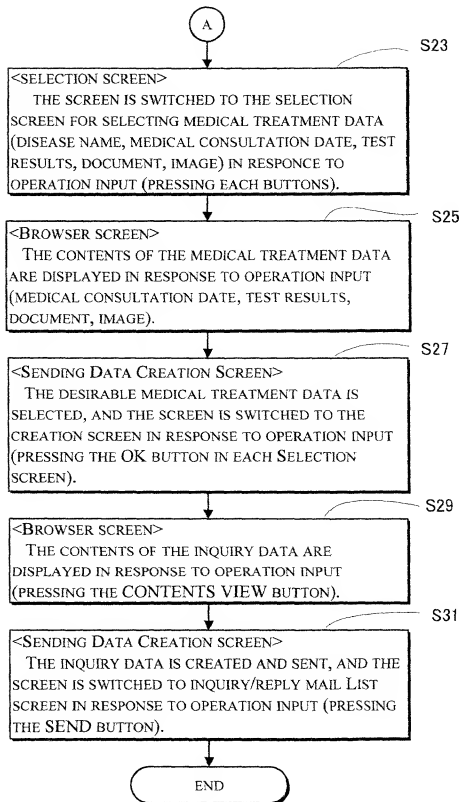


FIG. 10(a)

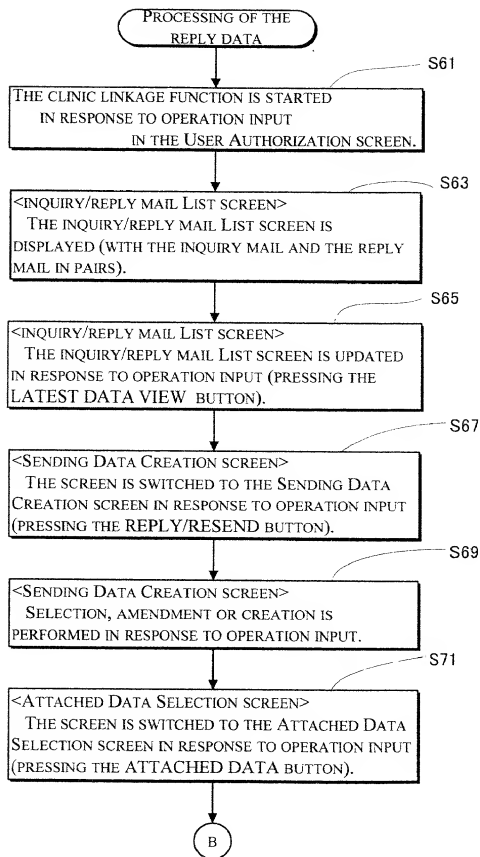


FIG. 10(b)

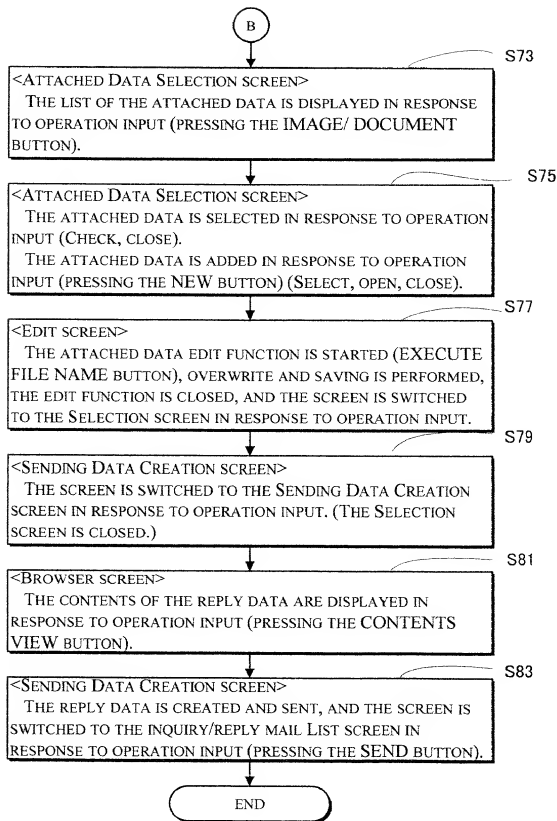


FIG. 11

INQUIRY/REPLY MAIL LIST SCREEN (CLINIC SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (CLINIC SIDE)

	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRY / REPLY	SENDING DATE AND TIME
SENDING	IWATA Tadashi	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:36/22 06:01
RECEIVING					
SENDING	KIMAGAI Tomoko	Confirmation Of Test Results	NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22 06:01
RECEIVING					
SENDING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	09:58/22 06:01
RECEIVING					
SENDING	IWATA Tadashi	About This Patient	SATO CLINIC	Dr. SATO	10:02/22 06:01
RECEIVING					
SENDING					

SENDING Sending Date And Time

FILTERING All Display

LATEST DATA VIEW

COMPARE

COMPARE VIEW

RESEND

DELETE

GROUP

[illegible]

FIG. 12

SENDING DATA CREATION SCREEN (TAB (1) STATE, CLINIC SIDE)

SENDING DATA CREATION

BASIC DATA (1)

PATIENT SELECTION

TANAKA Yoshiko

BASIC DATA (2)

SENT FROM

MEDICAL INSTITUTION

INFORMATION OF THE PATIENT

NAME

TANAKA Yoshiko

NAME IN
SYLLABLE

T a n a k a Y o s h i k o

SEX

Female

DATE OF
BIRTH

06/12/1970

AGE

30

OCCUPATION

Housewife

SENDING DATA CREATION

ATTACHED DATA

DISEASE
NAME

CONSULTATION
DATE

TEST
RESULTS

DOCUMENT

IMAGE

SEND

CONTENTS
VIEW

CANCEL

FIG. 13

SENDING DATA CREATION SCREEN (TAB (2) STATE, CLINIC SIDE)

SENDING DATA CREATION

SENDING DATA CREATION

BASIC DATA (1)

SUBJECT

Please give us your opinion on our diagnosis of this disease

BASIC DATA (2)

CHIEF COMPLAINT AND PRESENT ILLNESS

Chief complaint: Chest pain for a month (strong)

Present illness: None

Body data

Temperature: 35.9°C

Blood pressure: 115-88

Weight: 48.5kg

Height: 158cm

Gravida: 1

INQUIRY CONTENTS

About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto. Please give us your opinion on our diagnosis.

ATTACHED DATA

DISEASE NAME

OPINION DATE

TEST RESULTS

DOCUMENT

IMAGE

PROGRESS

The initial pain has been feeble and continued for these 6 months or so. The patient has not received any medical treatment but watched the development. The pain with chest squeeze has been increasingly growing

OTHERS

Please give us additional comments, if any

CONTENTS VIEW

SEND

CANCEL

FIG. 14

DISEASE NAME SELECTION SCREEN

DISEASE NAME SELECTION

DISEASE NAME SELECTION

SELECTION	DISEASE NAME	STARTING DATE	OUTCOME DATE	OUTCOME
<input type="checkbox"/>	SUSPICION OF A GASTRIC ULCER	09.11.1999		
<input type="checkbox"/>	DIABETES	28.09.2000		

ALL CLEAR

OK

CANCEL

FIG. 15

MEDICAL CONSULTATION DATE SELECTION SCREEN

MEDICAL CONSULTATION DATE SELECTION

MEDICAL CONSULTATION DATE SELECTION

SELECTION	FIRST MEDICAL TREATMENT RECEIVING DATE	SECOND MEDICAL TREATMENT RECEIVING DATE AND OTHERS
<input type="checkbox"/>	07.09.1999	
<input type="checkbox"/>		05.10.1999
<input type="checkbox"/>		09.11.1999

ALL CLEAR

OK CANCEL

FIG. 16

TEST RESULT SELECTION SCREEN

TEST RESULT SELECTION											
Period specification		10/11/1999	23/10/2000	RETRIEVAL							
GROUP	ITEM	20/01/00	13/01/00	06/01/00	28/12/98	22/12/99	15/12/99	08/12/99	01/12/99		
HEMATOLOGICAL TEST	LEUKOCYTE	6000									
	CORRUSCLE	580									
	HEMOGLOBIN	11.0									
	THROMBOCYTE	14.5									
	MCV	100									
	MCH	29.0									
BIO-CHEMICAL TEST	MCHC	32.3									
	SERUM	170									
	TTT	3	152	100	155	130	130	135	162		
	ZTT	125	3	1	3	3	3	3	3		
	GOT	32	10	120	125	10	105	10	108		
	GPT	38	30	42	60	30	39	36	28		
	LDH	300	35	40	38	35	38	32	28		
	ALP	250	410	300	410	300	452	150	355		
			300	222	200	250	250	250	280		

ALL SELECT
ALL CLEAR
OK
CANCEL

FIG. 17

DATE INFORMATION INPUT DIALOG SCREEN

DATE INFORMATION INPUT DIALOG

DESIGNATED DATE 23.10.2000

OCTOBER, 2000

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

OK CANCEL

TOPPRT-21028660

FIG. 18

IMAGE SELECTION SCREEN

SELECTING (AN) IMAGE(S)

IMAGE LIST

SELECTION		VIEW	TYPE	COMMENT	DATE OF TEST	TYPE
<input type="checkbox"/>		ICON	X - RAY	CHEST	11.11.1999	jpg
<input type="checkbox"/>		ICON	X - RAY	CHEST	11.11.1999	jpg

OK

CANCEL

FIG. 19

DOCUMENT SELECTION SCREEN

DOCUMENT SELECTION

DOCUMENT LIST

VIEW	TYPE	COMMENT	DATE OF WRITE	WRITER	ISSUE / RECEIVE	TYPE
ICON	LETTER OF REFERRAL	ASTHMA	11/11/1999	Dr. SATO	ISSUE	DOC
ICON	MEDICAL CERTIFICATE	ASTHMA	11/11/1999	Dr. SATO	ISSUE	TXT

OK

CANCEL

BROWSER SCREEN (CLINIC SIDE)

FIG. 20(a)

CONTENTS OF INQUIRY MAIL

ADDRESS c:/dimmsa/data/sousu/atamp/index.htm

CONTENTS OF INQUIRY BASIC DATA

ADDRESSEE

MEDICAL INSTITUTION NAGOYA HOSPITALDr. NAME Dr. SUZUKI

PATIENT INFORMATION

NAME IN SYLLABLE J-wa-ta Ta-da-shiDATE OF BIRTH 05.05.1930OCCUPATION NONENAME IWATW TadashiAGE 71SEX MALE

INQUIRING

SUBJECT

Please give us your opinion on our diagnosis of this disease.

CHIEF COMPLAINT: Chest pain for a month (strong)PRESENT ILLNESS: NonePROGRESS: The initial pain has been feeble and continued for these 6 months or so. The pain with chest squeeze has been increasingly growing.COMMENTS

About the cloud at the right chest of the photo, lung cancer is suspicious. The clinical history and the chest X-ray photograph image data are attached hereto.

Please give us your opinion on our diagnosis.

OTHERS

SENT FROM

MEDICAL INSTITUTION SATO CLINICPHONE 0565-32-6548Dr. NAME Dr. SATOSPECIALTY INTERNAL MEDICINEADDRESS

2-11, oote 2-chome Higashi-ku, Toyota-shi, Aichi 460-0213

DATE OF WRITING 09/51/25/29.06.2001

BASIC DATA

MEDICAL HISTORY

DISEASE HISTORY

TEST RESULT

IMAGE

Figure 1. The effect of the concentration of the *Ag* on the *Ag* adsorption capacity of the *Ag*-*Ag* complex. The concentration of the *Ag* was 0.1, 0.2, 0.3, 0.4, 0.5, 0.6, 0.7, 0.8, 0.9, 1.0, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 2.0, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 3.0, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 4.0, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 5.0, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 6.0, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 7.0, 7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 8.0, 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 9.0, 9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7, 9.8, 9.9, 10.0, 10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7, 10.8, 10.9, 11.0, 11.1, 11.2, 11.3, 11.4, 11.5, 11.6, 11.7, 11.8, 11.9, 12.0, 12.1, 12.2, 12.3, 12.4, 12.5, 12.6, 12.7, 12.8, 12.9, 13.0, 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.8, 13.9, 14.0, 14.1, 14.2, 14.3, 14.4, 14.5, 14.6, 14.7, 14.8, 14.9, 15.0, 15.1, 15.2, 15.3, 15.4, 15.5, 15.6, 15.7, 15.8, 15.9, 16.0, 16.1, 16.2, 16.3, 16.4, 16.5, 16.6, 16.7, 16.8, 16.9, 17.0, 17.1, 17.2, 17.3, 17.4, 17.5, 17.6, 17.7, 17.8, 17.9, 18.0, 18.1, 18.2, 18.3, 18.4, 18.5, 18.6, 18.7, 18.8, 18.9, 19.0, 19.1, 19.2, 19.3, 19.4, 19.5, 19.6, 19.7, 19.8, 19.9, 20.0, 20.1, 20.2, 20.3, 20.4, 20.5, 20.6, 20.7, 20.8, 20.9, 21.0, 21.1, 21.2, 21.3, 21.4, 21.5, 21.6, 21.7, 21.8, 21.9, 22.0, 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7, 22.8, 22.9, 23.0, 23.1, 23.2, 23.3, 23.4, 23.5, 23.6, 23.7, 23.8, 23.9, 24.0, 24.1, 24.2, 24.3, 24.4, 24.5, 24.6, 24.7, 24.8, 24.9, 25.0, 25.1, 25.2, 25.3, 25.4, 25.5, 25.6, 25.7, 25.8, 25.9, 26.0, 26.1, 26.2, 26.3, 26.4, 26.5, 26.6, 26.7, 26.8, 26.9, 27.0, 27.1, 27.2, 27.3, 27.4, 27.5, 27.6, 27.7, 27.8, 27.9, 28.0, 28.1, 28.2, 28.3, 28.4, 28.5, 28.6, 28.7, 28.8, 28.9, 29.0, 29.1, 29.2, 29.3, 29.4, 29.5, 29.6, 29.7, 29.8, 29.9, 30.0, 30.1, 30.2, 30.3, 30.4, 30.5, 30.6, 30.7, 30.8, 30.9, 31.0, 31.1, 31.2, 31.3, 31.4, 31.5, 31.6, 31.7, 31.8, 31.9, 32.0, 32.1, 32.2, 32.3, 32.4, 32.5, 32.6, 32.7, 32.8, 32.9, 33.0, 33.1, 33.2, 33.3, 33.4, 33.5, 33.6, 33.7, 33.8, 33.9, 34.0, 34.1, 34.2, 34.3, 34.4, 34.5, 34.6, 34.7, 34.8, 34.9, 35.0, 35.1, 35.2, 35.3, 35.4, 35.5, 35.6, 35.7, 35.8, 35.9, 36.0, 36.1, 36.2, 36.3, 36.4, 36.5, 36.6, 36.7, 36.8, 36.9, 37.0, 37.1, 37.2, 37.3, 37.4, 37.5, 37.6, 37.7, 37.8, 37.9, 38.0, 38.1, 38.2, 38.3, 38.4, 38.5, 38.6, 38.7, 38.8, 38.9, 39.0, 39.1, 39.2, 39.3, 39.4, 39.5, 39.6, 39.7, 39.8, 39.9, 40.0, 40.1, 40.2, 40.3, 40.4, 40.5, 40.6, 40.7, 40.8, 40.9, 41.0, 41.1, 41.2, 41.3, 41.4, 41.5, 41.6, 41.7, 41.8, 41.9, 42.0, 42.1, 42.2, 42.3, 42.4, 42.5, 42.6, 42.7, 42.8, 42.9, 43.0, 43.1, 43.2, 43.3, 43.4, 43.5, 43.6, 43.7, 43.8, 43.9, 44.0, 44.1, 44.2, 44.3, 44.4, 44.5, 44.6, 44.7, 44.8, 44.9, 45.0, 45.1, 45.2, 45.3, 45.4, 45.5, 45.6, 45.7, 45.8, 45.9, 46.0, 46.1, 46.2, 46.3, 46.4, 46.5, 46.6, 46.7, 46.8, 46.9, 47.0, 47.1, 47.2, 47.3, 47.4, 47.5, 47.6, 47.7, 47.8, 47.9, 48.0, 48.1, 48.2, 48.3, 48.4, 48.5, 48.6, 48.7, 48.8, 48.9, 49.0, 49.1, 49.2, 49.3, 49.4, 49.5, 49.6, 49.7, 49.8, 49.9, 50.0, 50.1, 50.2, 50.3, 50.4, 50.5, 50.6, 50.7, 50.8, 50.9, 51.0, 51.1, 51.2, 51.3, 51.4, 51.5, 51.6, 51.7, 51.8, 51.9, 52.0, 52.1, 52.2, 52.3, 52.4, 52.5, 52.6, 52.7, 52.8, 52.9, 53.0, 53.1, 53.2, 53.3, 53.4, 53.5, 53.6, 53.7, 53.8, 53.9, 54.0, 54.1, 54.2, 54.3, 54.4, 54.5, 54.6, 54.7, 54.8, 54.9, 55.0, 55.1, 55.2, 55.3, 55.4, 55.5, 55.6, 55.7, 55.8, 55.9, 56.0, 56.1, 56.2, 56.3, 56.4, 56.5, 56.6, 56.7, 56.8, 56.9, 57.0, 57.1, 57.2, 57.3, 57.4, 57.5, 57.6, 57.7, 57.8, 57.9, 58.0, 58.1, 58.2, 58.3, 58.4, 58.5, 58.6, 58.7, 58.8, 58.9, 59.0, 59.1, 59.2, 59.3, 59.4, 59.5, 59.6, 59.7, 59.8, 59.9, 60.0, 60.1, 60.2, 60.3, 60.4, 60.5, 60.6, 60.7, 60.8, 60.9, 61.0, 61.1, 61.2, 61.3, 61.4, 61.5, 61.6, 61.7, 61.8, 61.9, 62.0, 62.1, 62.2, 62.3, 62.4, 62.5, 62.6, 62.7, 62.8, 62.9, 63.0, 63.1, 63.2, 63.3, 63.4, 63.5, 63.6, 63.7, 63.8, 63.9, 64.0, 64.1, 64.2, 64.3, 64.4, 64.5, 64.6, 64.7, 64.8, 64.9, 65.0, 65.1, 65.2, 65.3, 65.4, 65.5, 65.6, 65.7, 65.8, 65.9, 66.0, 66.1, 66.2, 66.3, 66.4, 66.5, 66.6, 66.7, 66.8, 66.9, 67.0, 67.1, 67.2, 67.3, 67.4, 67.5, 67.6, 67.7, 67.8, 67.9, 68.0, 68.1, 68.2, 68.3, 68.4, 68.5, 68.6, 68.7, 68.8, 68.9

BROWSER SCREEN (CLINIC SIDE)

FIG. 20(b)

CONTENTS OF REPLY MAIL

ADDRESS _____ C:\dmrmiss\data\sousim\atemp\index.htm

CONTENTS OF REPLY BASIC DATA

ADDRESSEE	
MEDICAL INSTITUTION	Dr. SATO
Dr. SATO	

Dr.s "NEME" Dr. SATO

PATIENT INFORMATION

NAME IN SYLLABLE	I-wa-ta Ta-da-shi	DATE OF BIRTH	05.05.1930	OCCUPATION	NONE
NAME	IWATW Tadashi	AGE	71	SEX	MALE

71IWA T W Tadaishi

INQUIRING

SUBJECT	Please give us your opinion on our diagnosis of this disease.
ANSWER	Early removal of the affected part is required.

Early removal of the affected part is required.

SENT FROM

MEDICAL INSTITUTION	052-204-3588
PHONE	
ADDRESS	2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983
SPECIALTY	INTERNAL MEDICINE
Dr.'s NAME	Dr. SUZUKI

ADDRESS 2-11 Doi 2-chome Higashi-ku, Nagoya-shi, Aichi 468-2983

Dr. s' NEME
INTERNAL MEDICINE
Dr. SUZUKI

DATE OF WRITING 09:51:25/29.06.2001

REPLY DOCUMENTS BASIC DATA IMAGES

DOCUMENTS
-7 IMAGES

BASIC DATA

FIG. 21

INQUIRY/REPLY MAIL LIST SCREEN (HOSPITAL SIDE)

HOSPITAL - CLINIC LINKAGE SYSTEM

HOSPITAL - CLINIC LINKAGE SYSTEM (HOSPITAL SIDE)

	PATIENT NAME	SUBJECT	MEDICAL INSTITUTION NAME	INQUIRY / REPLIER	SENDING DATE AND TIME
RECEIVING	IWATA Tadaaki	About Symptoms Of Diabetes	SATO CLINIC	Dr. SATO	09:56/22 08 01
SENDING					
RECEIVING	KUMAGAI Tomoko	Confirmation Of Test Results	NAGOYA HOSPITAL	Dr. SUZUKI	10:01/22 08 01
SENDING					
RECEIVING	UENO Hiroko	Confirmation Of Electrocardiogram	SATO CLINIC	Dr. SATO	09:58/22 08 01
SENDING					
RECEIVING	IWATA Tadaaki	About This Patient	SATO CLINIC	Dr. SATO	10:01/22 08 01
SENDING					
RECEIVING					10:02/22 08 01
SENDING					
RECEIVING					10:32/21 08 01

FIG. 22

SENDING DATA CREATION SCREEN(HOSPITAL SIDE)

SENDING DATA CREATION		REPLYING DATA CREATION	
<p>TO</p> <p>MEDICAL INSTITUTION</p> <p>DOCTOR NAME</p> <p>SPECIALTY</p>		<p>PATIENT DATA</p> <p>NAME</p> <p>NAME IN SYLLABLE</p> <p>DATE OF BIRTH</p>	
<p>SATO CLINIC</p> <p>Dr. SATO</p> <p>Internal medicine</p>		<p>IWATA Tadashi</p> <p>I-wa-ta Ta-da-shi</p> <p>05.05.1930</p>	
<p>FROM</p> <p>MEDICAL INSTITUTION</p> <p>ADDRESS</p> <p>PHONE</p> <p>DOCTOR NAME</p> <p>SPECIALTY</p>		<p>MALE</p> <p>SUBJECT</p> <p>CONTENTS</p>	
<p>NAGOYA HOSPITAL</p> <p>2-11, Doi 2-Chome, Higashi-Ku, Nagoya-Shi-Shi, Aichi 468-2983</p> <p>052-204-3588</p> <p>Dr. SUZUKI</p> <p>Internal medicine</p>		<p>Please give us your opinion on our diagnosis of this disease.</p> <p>Early removal of the affected part is required. Please check the attachment data and take action accordingly.</p>	
<p>ORIGINAL INQUIRY</p> <p>FILE</p> <p>ATTACH</p>		<p>CONTENTS</p> <p>VIEW</p> <p>SEND</p> <p>CANCEL</p>	

FIG. 23

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA SELECTION

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

NEW IMAGE DOCUMENT CLOSE

FIG. 24

ATTACHED DATA SELECTION SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION

TYPE

COMMENT

DATE

TYPE

EDITING

<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	.jpg	WANGMEERE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	.jpg	WANGMEERE
<input type="checkbox"/>	CT	CHEST	09.11.1999	.jpg	WANGMEERE
<input type="checkbox"/>	CT	CHEST	09.11.1999	.jpg	WANGMEERE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	.rtf	WANGMEERE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	.bmp	PERUSHERE
<input type="checkbox"/>	LETTER OF REFERRAL	LETTER OF REFERRAL WITH DISEASE CONDITION	19.10.2000	.tiff	WANGMEERE

NEW

IMPORT

DOCUMENT

CLOSE

FIG. 25

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEEXE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEEXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEEXE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEEXE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WONGPAEXE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PBRUSHXEXE

NEW image documents CLOSE

FIG. 26

ATTACH FILE ADDITION DIALOG SCREEN

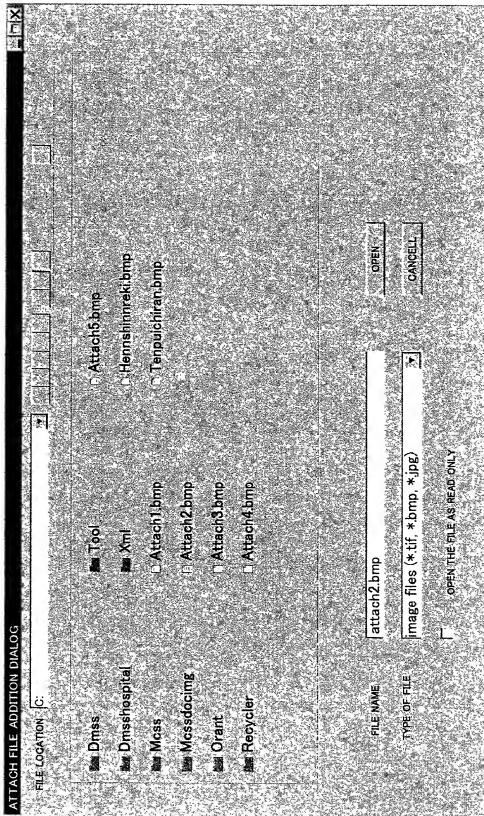


FIG. 27

ATTACHED DATA LIST SCREEN (HOSPITAL SIDE)

ATTACHED DATA LIST

ATTACHED DATA LIST

SELECTION	TYPE	COMMENT	DATE	TYPE	EDITING
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEI.XE
<input type="checkbox"/>	X-RAY	CHEST	09.11.1999	jpg	WANGMEI.XE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEI.XE
<input type="checkbox"/>	CT	CHEST	09.11.1999	jpg	WANGMEI.XE
<input type="checkbox"/>	MEDICAL CERTIFICATE	3 DAYS OFF	09.11.1999	rtf	WANGMEI.XE
<input type="checkbox"/>	LETTER OF REFERRAL	DOCUMENT INPUTTED	19.10.2000	bmp	PERUSHI.XE
<input type="checkbox"/>	MANUAL INPUT	ADDED DATA		bmp	PERUSHI.XE

NEW

Print

Document

CLOSE

BROWSER SCREEN (HOSPITAL SIDE)

FIG. 28(b)

CONTENTS OF REPLY MAIL							
ADDRESS		c:/dimmsr/data/sousin/atamp/index.htm					
REPLY HISTORY							
DATE AND TIME OF REPLY							
09:55:04/29.06.2001							
09:55:34/29.06.2001							
09:56:12/29.06.2001							
NOT YET SENT							
CONTENTS OF REPLY BASIQ DATA							
ADDRESSEE							
MEDICAL INSTITUTION	SATO CLINIC	Dr's NAME	Dr. SATO				
PATIENT INFORMATION							
NAME IN SYLLABLE	I-wa-ta T-a-da-shi	DATE OF BIRTH	05.05.1930		OCCUPATION	NONE	
NAME	IWATA Tadashi	AGE	71		SEX	MALE	
INQUIRING							
SUBJECT	Please give us your opinion on our diagnosis of this disease.						
ANSWER	Early removal of the affected part is required.						
SENT FROM							
MEDICAL INSTITUTION	NAGOYA HOSPITAL	PHONE	052-204-3568				
ADDRESS	2-11, Doi 2-chome, Higashi-ku, Nagoya-shi, Aichi 468-2983						
SPECIALTY	INTERNAL MEDICINE	Dr's NAME	Dr. SUZUKI				
DATE OF WRITING							
REPLY MESSAGE		DOCUMENTS / IMAGES		BASIC DATA			

FIG. 29

DATABASE (SENT/RECEIVED DATA, HOSPITAL SIDE)

MAIL ID	MESSAGE ID	MESSAGE TYPE	REPLY FLAG	MESSAGE STATUS	SERIAL NUMBER	LATEST FLAG	INQUIRY SEND TIME
1	TANAKA CLINIC 010810	1	2	1	1	1	
2	TANAKA CLINIC 010810	2	2	1	1	1	
3	ITO CLINIC 010811	1	2	1	1	1	
4	TANAKA CLINIC 010811	2	2	1	1	0	
5	TANAKA CLINIC 010811	2	2	2	2	1	

MAIL ID (AUTO NUMERING)

MESSAGE STATUS (1:READ, 2:NOT READ, 3:SENT)

MESSAGE ID (TEXT TYPE)

SERIAL NUMBER (SERIAL NUMBER OF DOCUMENT)

MESSAGE TYPE (1:INQUIRY, 2:REPLY)

LATEST FLAG (0:NOT LATEST, 1:LATEST)

REPLY FLAG (1:NOT REPLY, 2:REPLIED)